

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/763229**  
APPLICANT(S)

FILING DATE: 09/17/2009  
(793) 305-0421

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		2		/		
6		/		/		
7		/		/		
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13		3		/		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	22		16			
TOTAL CLAIMS	24		18			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS